

Canfield Local Schools Athletic Trip Request

Today's Date: _____

Day of Trip: _____

Date of Trip: _____

1. This request must be received in the Transportation Office **at least TWO (2) weeks** in advance
2. Fill out a request completely for **each bus you are requesting.**
3. A Chaperone must be on the bus (Teacher, Coach, Etc.)

Sport: _____
(Give level J.V. , Varsity, etc)

Coach: _____
(this person must have directions)

Number of Riders: _____

Coach's Phone: _____

Destination: _____
(Must include all destinations including stopping to eat; State Law)

Departure Time: _____

Est. Time of Return: _____

(Transportation Director Signature)

(Building Principal / Athletic Director Signature)

Bus Assigned: _____

Miles After: _____ Start Time: ____:____

Miles Before: _____ End Time: ____:____

Driver: _____ Total Miles: _____ Total Time: ____:____

Vehicle License # _____

**** The Coach must notify the Transportation Office ASAP (330-533-3832) if the trip is changed or canceled****
Note: The driver is not permitted to stop any place that is not already listed above.